



EMPLOYMENT APPLICATION

VALID FOR 30 DAYS

Date: _____

GENERAL INFORMATION (Please Print with Black Ink)			
Name: Last, First, Middle Initial		Social Security # (Voluntary)	Home Phone # ()
Address: Number, Street, Apartment or Space Number			Cell Phone # ()
City, State, Zip Code			Email Address:
Are you 18 years of age or older?		Are you legally eligible for employment in the USA? <i>(If yes, verification will be required)</i>	
Yes	No	Yes	No

Position Desired		Wages Expected	
Previously Employed Here?		CA Journeyman or Trainee Card & Exp Date	
Yes	No		

Date Available for Work: _____ / _____ / _____

Type of Employment desired: Full Time Part Time Temporary Seasonal Educational Co-op

Do you have relatives or friends in our employ: Yes No *(If yes, please list names)*

Name: _____ Relationship: _____

Name: _____ Relationship: _____

In case of Accident or Emergency, notify:	Phone Number ()
Address, include zip code	

Are you willing to work overtime if necessary: Yes No

EDUCATION

Check Last Year Completed:

Elementary 5 6 7 8

High School 1 2 3 4

College 1 2 3 4

Describe any other training or education



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EMPLOYMENT HISTORY (Last Employer First)			
Dates	Employers Name	Kind of Work	Reason for Leaving
From			
To			
From			
To			
From			
To			
From			
To			

May we contact previous employers for reference: Yes No Later

If no, specify: _____

Skills and Qualifications: Summarize special skills and qualifications acquired from employment and other experiences that may qualify you for work with our Company.

It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or termination if I have been employed. Furthermore, I understand that just as I am free to resign at any time, the Company serves the right to terminate my employment at any time, **with or without cause and without prior notice**. I understand that no representative of the Company has authority to make assurances to the contrary.

I give the Company the right to investigate all references and to obtain job-related information about me. I hereby release the Company and its representatives from liability as well as any persons, corporations or organizations furnishing information.

The Company is an **EQUAL OPPORTUNITY EMPLOYER** and does not discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

I agree that placement or continuing employment may be contingent upon the successful completion of a **MEDICAL EXAMINATION**, which may include drug testing.

 Signature of Applicant Date

Do Not Write Below this Line

Accepted for Employment: Yes No Rate: _____ Date: _____

Work Location: _____ Position: _____

 Signature Title